

COUNTY OF LOS ANGELES  
 PUBLIC HEALTH COMMISSION  
 FEBRUARY 28, 2013  
 MINUTES

**APPROVED**

**COMMISSIONERS**

**Patrick Dowling, M.D., M.P.H., Chairperson\*\***  
 Jean G. Champommier, Ph.D., Vice-Chair\*  
 Waleed W. Shindy M.D., M.P.H.\*  
 Michelle Anne Bholat, M.D., M.P.H. \*

**DEPARTMENT OF HEALTH SERVICES REPRESENTATIVE**

Jonathan E. Fielding, Director of Public Health and Health Officer\*\*\*  
 Angela Haley, Secretary\*  
 Public Health Commission

**PUBLIC HEALTH COMMISSION ADVISOR**

Cynthia Harding, Acting Chief Deputy\*\*  
 Public Health

**PUBLIC HEALTH COMMISSION YOUTH ADVISOR**

Vacant

\*Present \*\*Excused \*\*\*Absent

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
I. CALL TO ORDER	The meeting was called to order at approximately 10:05 a.m. by Vice-Chairperson Champommier at Central Health Center.	Information only.

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<b>II. ANNOUNCEMENTS &amp; INTRODUCTIONS</b>	<i>Introductions of Commissioners and guests were conducted.</i>	<i>Information only.</i>
<b>III. APPROVAL OF MINUTES</b>	<i>The 1-10-13, 1-24-13, and 2-14-13 minutes will be approved when Chairperson Dowling is present.</i>	

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<p><b>IV. PUBLIC HEALTH REPORT</b></p>	<p>Cindy Harding provided the Commission with a Public Health Report and discussed public health activities since the last report on February 14, 2013.</p> <p><b>Update on Homeless TB Outbreak Response Efforts</b></p> <p>Ms. Harding distributed and discussed the memo to the Board providing an update on the ongoing outbreak investigation of TB within the homeless community concentrated in the Downtown/Metro region of L.A. County. Ms. Harding indicated that the TB Control Program in conjunction with Community Health Services is doing a fabulous job of responding to this issue. Staff is working very hard to identify the people that needs to be tested, working with shelters in the downtown area, working with number of different partners/medical providers in the area, sending out health alerts, information to general population, and DPH recently engaged 211 to be a partner to handle calls regarding this issue.</p>	

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<p><b>IV. PUBLIC HEALTH REPORT CONTINUED</b></p>	<p>These efforts are part of an ongoing investigation of a specific strain of TB among the homeless downtown that began in 2007. From 2007 to 2012, a total of 78 cases have been identified. Of these 78 cases, the majority are male, about 60 are homeless, and approximately 20% are HIV-positive. Among the 60 homeless cases, 11 have died since 2007. It is important to note that this strain of TB is sensitive to and treatable with first-line anti-TB medications.</p> <p>DPH is continuing to work with the California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC) to investigate this outbreak. DPH has invited the CDC to join the investigative efforts. On March 4, 2013, a CDC Epi Aid Team, will be coming to L.A. County for about three weeks to expand the investigation surrounding the homeless TB outbreak.</p> <p>Ms. Harding indicated that the Board has asked DPH to report back in a month on DPH efforts.</p> <p><b>Quarterly Report – Water Quality Monitoring</b></p> <p>Ms. Harding distributed and discussed the Board memo regarding the quarterly report on its monitoring activities, including findings and actions taken to address water quality issues.</p>	

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<p><b>IV. PUBLIC HEALTH REPORT CONTINUED</b></p>	<p><b>Advanced Copy: "How Social and Economic Factors Affect Health – Social Determinants of Health, Issue No 1"</b></p> <p><i>This report is first in a series which discusses how community-level social and economic conditions influence health. The report compares socioeconomic indicators for 117 cities and communities within L.A. County. It will be posted on DPH's website.</i></p> <p><i>Commissioner Shindy asked is DPH actively immunizing the homeless population. Dr. Kim-Farley indicated DPH is reaching out to the shelters to obtain information, identify cases, and give TB skin tests to those who give permission.</i></p>	<p><i>The Commission requested an update on the homeless TB outbreak at the next meeting, and thanked DPH for all of their hard work and efforts on this issue.</i></p>

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<p><b>V. PUBLIC HEALTH LABORATORY (PHL)</b></p>	<p>Dr. Michael Janda, Director, Public Health Laboratory (PHL), provided the Commission with an update of activities within PHL.</p> <p><u>Mission Statement</u></p> <p>To improve and protect public health from communicable diseases through the provision of laboratory information from timely, cost-effective, and sophisticated testing.</p> <ul style="list-style-type: none"> <li>• Detection</li> <li>• Isolation</li> <li>• Identification</li> <li>• Fingerprinting (some)</li> <li>• Antimicrobial resistance (some)</li> </ul> <p>Dr. Janda discussed the services that PHL provides:</p> <ul style="list-style-type: none"> <li>• Immunodetection</li> <li>• Environment</li> <li>• Genotyping</li> <li>• Detecting Emerging Agents</li> <li>• Bacterial Viral Infections</li> <li>• Emergency Preparedness</li> </ul>	

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<p><b>V. PHL CONTINUED</b></p>	<p><b>Prioritization of Laboratory Activities</b></p> <ul style="list-style-type: none"> <li>• Governmental priorities</li> <li>• Economics</li> <li>• "The Macroenvironment"</li> <li>• "The Future": Emerging infections, Novel or innovative technologies, &amp; new regulations or governmental policies</li> </ul> <p><b>Governmental Priorities</b></p> <ul style="list-style-type: none"> <li>• <u>County</u>: Departmental Strategic Plan, Intra and interdepartmental needs assessments of clients, programs, activities and requests; and budgetary issues and constraints</li> <li>• <u>State</u>: Required reporting mandate (Title 17), salmonella, typhoid fever, malaria, rabies, multi-drug resistant tuberculosis; and CA-DPH priorities (local assistance, statewide issues)</li> <li>• <u>National</u>: CDC/DHS Guidance, Emerging Infections; and Funded studies (CDC, APHL)</li> </ul>	

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<b>V. PHL CONTINUED</b>	<p><b>The Changing Face of PHL System in California</b></p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>County</u></th> <th style="text-align: left;"><u>Year</u></th> <th style="text-align: left;"><u>Outcome</u></th> <th style="text-align: left;"><u>Action</u></th> </tr> </thead> <tbody> <tr> <td>Napa</td> <td>1999</td> <td>Merged with Solano PHL in Vallejo at a single location</td> <td>Under a joint power Agreement</td> </tr> <tr> <td>Mendocino</td> <td>2009</td> <td>Discontinued PHL testing</td> <td>Contracted with Sonoma PHL</td> </tr> <tr> <td>Yolo</td> <td>2010</td> <td>Discontinued PHL testing</td> <td>Contracted with Solano PHL</td> </tr> <tr> <td>Marin</td> <td>2013</td> <td>Discontinued PHL testing</td> <td>Contracted with Solano PHL</td> </tr> </tbody> </table> <p><b>State, National, and Program Benchmarks</b></p> <ul style="list-style-type: none"> <li>• <u>National</u>: Seminal Organizations &amp; Foundations, Leading Peer-Reviewed Publications, Federal Agencies, &amp; National Academies</li> <li>• <u>State</u>: Little Hoover Commission &amp; PHL System Working Group</li> <li>• <u>Local</u>: Strategic Plans (DPH, CDCP, PHL)</li> </ul>	<u>County</u>	<u>Year</u>	<u>Outcome</u>	<u>Action</u>	Napa	1999	Merged with Solano PHL in Vallejo at a single location	Under a joint power Agreement	Mendocino	2009	Discontinued PHL testing	Contracted with Sonoma PHL	Yolo	2010	Discontinued PHL testing	Contracted with Solano PHL	Marin	2013	Discontinued PHL testing	Contracted with Solano PHL	
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<p><b>V.PHL CONTINUED</b></p>	<p>Dr. Janda discussed the chart that displays PHLs functions at the state, county, and federal level.</p> <p><b>Core Functions and Capabilities: State Public Health Laboratory (MMWR 51: 2002)</b></p> <ul style="list-style-type: none"> <li>• Disease Detection, Control, Surveillance</li> <li>• Serve as center for expertise in detecting agents of significant human disease</li> </ul> <p><b>Recent Successes</b></p> <ul style="list-style-type: none"> <li>• Rabies Testing – had a record drop of rabies cases</li> <li>• Quantiferon Testing – May 2010, lathan and active TB blood testing</li> </ul> <p><b>Calcinet</b></p> <ul style="list-style-type: none"> <li>• LACPHL has been certified by CDC in October of 2012 to join Calcinet</li> <li>• Calcinet is a molecular subtyping network for norovirus surveillance in the U.S.</li> <li>• Can detect the two major norovirus subgroups, GI and GII</li> </ul>	

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<p><b>V.CHDP PROGRAM CONTINUED</b></p>	<ul style="list-style-type: none"> <li>• Can detect pandemic or colonal strains such as 2012 NoV Sydney GII.4</li> </ul> <p><b>PHL – FERN</b></p> <ul style="list-style-type: none"> <li>• PHL is an active participant in the USDA FSIS Food Emergency Response Network (FERN), microbiology discipline</li> <li>• Collaboration with FDA – Pacific Regional Laboratory – Southwest on “Inter-Laboratory Validation of a Real-Time PCR 24-Hour Rapid Method for Detection of Salmonella in Foods”</li> <li>• Chosen to participate in 2013 inauguration of food safety surveillance activities: PHL assigned the responsibility for detection of ricin and botulinum toxin from representative milk samples collected from vendors associated with inauguration food preparation.</li> </ul> <p>Dr. Janda indicated in the near future PHL would like to have the following systems, and all three online programs work together.</p> <ul style="list-style-type: none"> <li>• Pyrosequencing – this system will be able to detect whether primary drugs will work or not.</li> <li>• MALDI-TOF</li> <li>• 16SrRNA DNA Sequencing</li> </ul>	

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<b>V.PHL CONTINUED</b>	<p><b>Problematic Areas</b></p> <ul style="list-style-type: none"> <li>• PHL currently lack staffing to consistently address many of the daily issues of internal clients in a timely fashion</li> <li>• Administrative items, assignments, drills, response, and IT connectivity</li> <li>• New tests or test modifications requested</li> <li>• Development of "home brew" applications</li> <li>• Redirection of staffing to fit long-term goals and agendas (training and education)</li> <li>• Would like to attack drug resistance organisms in hospitals, this is something the state/county should be working on.</li> <li>• Currently PHL lacks:</li> <li>• Adequate high-level civil service positions and pay classifications to recruit and retain targeted staff with specialized skill sets</li> <li>• Administrative knowledge and background relative to compliance issues and federal and state regulations</li> <li>• Basic educational and technical knowledge in the area of molecular and systems biology to develop and establish de novo tests and procedures using "home brew" applications</li> <li>• Would like to train more public health micro/medical staff that needs PHL expertise.</li> </ul>	

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<p><b>V.PHL CONTINUED</b></p>	<p><i>Dr. Kim-Farley stated that L.A. County does have a "world class" laboratory and DPH is fortunate to have Dr. Janda as the Director. Without the appropriate staff items at the scientific ( Ph.D.) level, it's a challenge for PHL to pursue the new cutting edge technology without the appropriate staffing items. Also, Dr. Kim-Farley suggested the possibility of a proposed fee schedule, including R&amp;D cost to develop future testing capacity.</i></p> <p><i>Vice-Chairperson Champommier asked if the Commission should address the fee schedule issue, and address the Board. Ms. Harding suggested that Dr. Kim-Farley does further investigation into the fee schedule issue, and present at a future meeting.</i></p> <p><i>Dr. Janda indicated he would like to see PHL develop more "home brew" and environmental testing, and right now environmental testing falls under federal regulations, as to how much you can charge for testing. Long term, environmental testing is going to correlate with chronic disease, and this is something PHL will be interested in.</i></p>	

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<p>V. PHL CONTINUED</p>	<p>Commissioner Shindy asked is there any way for PHL to patent "home brew" testing techniques and receive royalties. Dr. Janda stated that's a good question and the state looked into it and their process is really hard, and he doesn't know what L.A. County process is. Commissioner Shindy asked if patenting testing techniques would help to generate revenue in terms of hiring PhD level staff, training, equipment, and etc. Dr. Janda indicated it would be good once we get the first one out the door, and stated that's an excellent idea.</p> <p>Commissioner Bholat recommended the Commission wait to receive a report back from Dr. Kim-Farley on these suggestions, before presenting these issues and ideas to the Board of Supervisors.</p> <p>The Commission thanked Dr. Janda for an excellent presentation.</p> <p>The meeting adjourned at 11:15 a.m.</p>	<p>The Commission requested Dr. Kim-Farley to report back on the following issues:</p> <ul style="list-style-type: none"> <li>• A proposed fee schedule, including R&amp;D cost to develop future testing capacity and training to keep staff ahead of their profession.</li> <li>• Recruitment of highly qualified items needed at the Ph.D. level, i.e., scientists to pursue cutting edge technology.</li> <li>• Patents and royalties that would allow PHL to patent "home brew" testing techniques. These funds would be available for PHL to use for training, equipment, staffing, etc.</li> </ul>